Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
www.dpor.virginia.gov



Board for Contractors CERTIFIED WATER WELL SYSTEM PROVIDER APPLICATION Fee \$130.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

Select the one method you are requesting for licensure:

License Type	Exa	mination	Grandfathering					
Master		1005		1022				
Journeyman		1006		1027				
Trainee		1007		1032				

		Train	- F	1007		1032			
		Train	ee L			1032			
1.	Name								
	Last		First			М	iddle		Generation
2.	Provide one of the following ider	itification r	numbers.			ale.			
	Social Security Number	or 🔲 🕻	√irginia DN	IV Contro	l Numbe	er [*]			
	* State law requires every applicant for by the Commonwealth to provide a so								or occupation issued
3.	Date of Birth	(Must	be 18 year	s of age.)					
	MM/DD/YYYY								
4.	Mailing Address (PO Box accept	ed)							
	If a mailing address is submitted, the r address will be printed on the licen								
			City					State	Zip Code
_	Ctroot Address (DO Dov. not so	td\	_						•
5.	Street Address (PO Box not acc	. ,	Cne	ck nere if St	reet Addr	ess is the <u>same</u>	as the Mailing P	Address listed abo	ove.
	PHYSICAL ADDRESS REQUIR	Eυ							
			City					State	Zip Code
6.	E-mail Address								
7.	Contact Numbers								
		mary Teleph	one		Altern	ative Telepho	ne	ı	Fax
8.	Employer's Virginia Contractor's	License N	No. (if ava	ilable)			2 7		
	Employer's Name			,					
	· •								
	Employer's Street Address								
			City					State	Zip Code
	DATE FEE 1	RANS CODE	ENT	ITY#		FI	LE #/LICENSE #		ISSUE DATE
USE					27	19			
ONLY						10			

9.	Do you hold a	a <u>current</u> or <u>expired</u> Water W	ell System Pro	vider cer	tification	issued the \	/irginia Board fo	r Contractors?
	No 🗌							
	Yes	If yes, select certification(s) held and prov	ide your	certificat	tion number.		
		☐ Trainee	2 7 1	9				
		☐ Journeyman	2 7 1	9				
		☐ Master	2 7 1	9			_	
10.	Do vou hold	a <u>current</u> Water Well Sys	tem Provider I	icense. (certificat	ion or reais	 tration issued b	v anv (excluding
	•	l, state or national regulatory				•		
	No 🗌							
	Yes	If yes, complete the follow					tion of Licensur	e/Letter of Good
		Standing if you want this to	be used to qu	alify you	for the e	exam.		
		State/Jurisdiction	Examination Yes (Y) or No (N)	Examina (if app	ition Date		Certification or stration No.	Expiration Date
			,,,,,					
•	Certifications of Li	icensure/Letter of Good Standing prepa	red by the state hoa	rd or regulat	tory hody m	nust include: 1) th	ne license/certification/	registration number: 2)
•	the initial date of I	icensure; 3) the expiration date of the	license or renewal fe					
	-	s resulting in violations or undetermined				, ,		P ()
11.	•	peen actively and continuo						• •
	the Code of \	? This information may quali /irginia	iy you lor all e.	xemplion	וווטווו נוו	e examinado	on as provided if	1 934.1-1130.0 01
	No 🗍	virginia.						
	Yes	If yes, Indicate the number	of years of ex	perience	in wate	r well constr	ruction activities	on or before July
		1, 2007 and attach verificat	•	-				•
		One year of experience	in water well co	nstruction	activities	for trainee c	ertification. [♦] (103	2)
		Three years of experier				-	•	' '
		Six years of experience	in water well co	nstruction	activities	for master c	ertification. ♠ (102	2)
		♦ You must have been em engagement in water wei in Virginia, you must subi	ll construction activ	ities. <u>If yo</u>	u were en	nployed by an d	out-of-state contract	or that is not licensed
		Required Attachme (Skip to question #	nt: Attach a con			-		
12.	Are you apply	ying for the Trainee Water W	•	ovider ex	caminatio	nn?		
	No 🗆	,g	· · · · · · · · · · · · · · · · · · ·					
	Yes	If yes, provide verification	of at least one	year of p	ractical	experience i	n the trade unde	er the supervision
		of a certified master water						
		Required Attachment: At	•		•		ation Form.	
13.	•	ying for the <mark>Journeyman</mark> Wa	iter Well Syster	ms Provid	der exan	nination?		
	No 🗌							
	Yes	If yes, provide verification		-	-	-		
		supervision of a certified m		ell systen	ns provid	der <u>and</u> 24 h	ours of formal v	ocational training
		in the trade for journeyma Required attachments:		atad Trad	locman li	ndividual Evn	arianca Form an	d cortification(s) of
		completion or official transc		ะเซน <u>IIAU</u>	CSIIIAII II	ισινισμαί ΕΧΡ	<u>GIGILE FUIII</u> AII	a ceruncation(s) Of

14.	Are yo	u applying for the Master Water Well Systems Provider examination?
	No	
	Yes	If yes, provide verification of at least six years of practical experience in the trade under the supervision of a certified master water well systems provider and 48 hours of formal vocational training in the trade for master certification.
		Required attachments: Attach a completed <u>Tradesman Individual Experience Form</u> and certification(s) of completion or official transcript(s).
15.	Have y body?	ou ever been subject to a disciplinary action taken by <u>any</u> (including Virginia) local, state or national regulatory
	No	
	Yes	If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
16.	A.	Have you ever been convicted in any jurisdiction of a <i>felony</i> ? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
		No
		Yes If yes, provide the information requested in #16.C.
	В.	Have you ever been convicted in any jurisdiction of a <i>misdemeanor</i> ? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
		No
	0	Yes If yes, provide the information requested in #16.C.
	C.	If you answered "yes" to either question #16.A. or #16.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.
		Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must obtain a complete criminal history record from the Virginia State Police. You may obtain a request form from the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472 or by contacting your local State Police Division. Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Note: If you have submitted the required documentation to the Virginia Board for Contractors with a previous licensure application, which resulted in the issuance of a Tradesman or Contractors License, and you do not have any additional felony or misdemeanor convictions, you <u>do not</u> have to submit the information listed above in question #16.C.

Instead, you must submit a document included with this application that includes 1) Tradesman or Contractors License Number(s) which were issued following the Board's review of the same criminal conviction documents; 2) a statement that you have not been convicted of any additional felonies and misdemeanors, 3) the date, and 4) your signature.

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractors License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agency and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application, you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

18-VAC-50-30-30.7 of the *Board for Contractors Individual License and Certification Regulations* states, "Each non-resident applicant for a license or certificate shall file and maintain with the department an irrevocable consent for the department to serve as service agent for all actions filed in any court in this Commonwealth. In those instances where service is required, the director of the department will mail the court document to the individual at the address of record."

17. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action; or convicted of any felony or misdemeanor (in any jurisdiction) prior to the receipt of the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to contractor licensure under the provisions of Title 54.1, Chapter 11 of the *Code of Virginia, and the Board for Contractors Individual License and Certification Regulations*.

Signature	Date	
Print Name		